

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021201

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

Registrar's No.

181

FILED MAY 21 1963

VS 300  
Rev. 4/59

1 0940

2 0940

3

4 0

5 1

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7 0

8 2

9 177X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before death) a. STATE <b>MO.</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>ELVINS</b>		c. CITY OR TOWN <b>ELVINS</b>	
Length of stay in 1b <b>3 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>703 Ethel</b>	
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>B.</b> Last <b>BELL</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>9</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-9-1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joseph Lumber Co., Mo.</b>	9. AGE (last birthday) <b>75</b>	11. BIRTHPLACE (City and state or country) <b>Mo.</b>
13a. FATHER'S NAME <b>JAMES S. BELL</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA PARKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma to Brain</b> DUE TO (b) <b>Adenocarcinoma, Prostate</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b> <b>12 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>July 1962</b> to <b>May 9, 1962</b> and last saw her alive on <b>May 8, 1962</b> Death occurred at <b>3:00 p.m.</b> of the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>H. Oliver, M.D.</b> (Degree or title)		22b. ADDRESS <b>FARMINGTON, MO.</b>	
22c. DATE SIGNED <b>5-11-63</b>		23. NAME OF CEMETERY OR CREMATORY <b>BISMARCK, MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>5-11-63</b>	
24. FUNERAL DIRECTOR <b>SHIPMAN &amp; SONS</b> ADDRESS <b>BISMARCK, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>May 11, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>		27. DATE SIGNED <b>5-11-63</b>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1963

MAY 27 1963

SEP 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Johnny Shipman, Student Embalmer No. 664  
working under my personal supervision.

Student

Johnny Shipman

Signature of Student Embalmer

Signed

John N. Shipman

Licensed Embalmer No.

4881

P. O. Address

Bismarck, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.